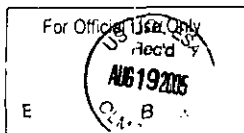


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- <u>10152 002112</u>	2. Fiscal Year Covered From <u>1</u> / <u>1</u> / <u>2004</u> Through <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>JAMES</u> <u>RYAN</u> P.O. Box, Bldg., Room No., if any _____ Street <u>9221 - 242ND ST</u> City <u>BELLROSE</u> State <u>NEW YORK</u> ZIP Code + 4 <u>11426</u>	4. Name, file number, and address of labor organization Name <u>LOCAL 147 LIUNA</u> Labor Organization File Number <u>002112</u> P.O. Box, Building and Room Number, if any _____ Street <u>4332 KATONAH AVE</u> City <u>BRONX</u> State <u>NEW YORK</u> ZIP Code + 4 <u>10470</u>
5. Position in labor organization. _____	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.							
6. Name and address of Employer (including trade name, if any). Name <u>LOCAL 147</u> Trade Name, if any _____ P.O. Box, Bldg., Room No., if any _____ Street <u>4332 KATONAH AVE</u> City <u>BRONX</u> State <u>NEW YORK</u> ZIP Code + 4 <u>10470</u>	7. a. Nature of Interest, Transaction, or Income. <table><tr><td>WAGES - W'Z</td><td>21237 -</td></tr><tr><td>TRAVEL + CONFERENCES</td><td>8090 -</td></tr><tr><td>AUTO LEASING</td><td>7629 -</td></tr></table> 7. b. Amount. <u>36956 -</u>	WAGES - W'Z	21237 -	TRAVEL + CONFERENCES	8090 -	AUTO LEASING	7629 -
WAGES - W'Z	21237 -						
TRAVEL + CONFERENCES	8090 -						
AUTO LEASING	7629 -						

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is to the best of the undersigned's knowledge and belief, true, correct and complete. (See the section on penalties in the instructions.)	
Signed <u>[Signature]</u>	On <u>8/12/05</u> <u>718 343-5229</u> Date Telephone Number

Name of Person Filing	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any)

Name \_\_\_\_\_  
Trade Name, if any \_\_\_\_\_  
P.O. Box, Bldg., Room No., if any \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ ZIP Code + 4 \_\_\_\_\_

9. Business deals with

- ☐ a. Labor Organization  
☐ b. Trust  
☐ c. Employer

10. If 9 b. or 9 c. is checked give trust or employer's name

Name \_\_\_\_\_  
Trade Name, if any \_\_\_\_\_  
P.O. Box, Bldg., Room No., if any \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ ZIP Code + 4 \_\_\_\_\_

11.a. Nature of such dealing

11.b. Approximate dollar value of such dealing

12.a. Nature of interest held or income received

12.b. Amount

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name SCHINDLER / SHEA / LABORIAL - EMPLOYER  
Trade Name, if any SAVING  
P.O. Box, Bldg., Room No., if any P.O. Box 1584  
Street 150 MEADOWLAND PARKWAY  
City SECAUCUS  
State NJ ZIP Code + 4 07094-1584

14.a. Nature of payment

Employee

13.b. Is the Business an Employer ☒ or Consultant ☐

14.b. Amount of payment

70,328.58